



FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

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COUGH

(Part II)

In Part I we looked at coughing as a way we are able to protect our lungs from excessive secretions and from invasion by irritants. We recognized several situations that cause a cough, and some that are more important in avoiding complications such as aspiration pneumonia in the persons we care for. In this part, we will try to give ourselves a guide to times we will need to be concerned if a person we care for is coughing. While this list is particularly organized for our thoughts in caring for our consumers, most of the questions still apply to anyone who is coughing, but the chance of each problem is different for people with different ages, activities or health status. You will note the word sputum – it is anything coughed up. Usually it is the secretions (mucus) from the lungs, airways, nose or sinuses, but as you will read it can include blood or saliva from the mouth, and as we discussed in Part I food particles or gastric contents (stomach contents) in cases where these have come into the airway from the gastrointestinal tract. It is easiest if we look at how we should think about our response in the three situations of a single coughing episode, an acute cough (less than 3 weeks) and a chronic cough (persisting for longer than 3 weeks).

When in doubt, get help from your health care professional or when urgent get help from emergency services or the emergency room.

COUGHING EPISODE

This is a single event. Remember, it may be the first of a group, but we need to deal with it quickly.

Question:

I.) Is there possible choking?

- a.) Stop feeding and assist person in coughing material free.
- b.) Use Heimlich maneuvers if person collapses, is blue or is not coughing strongly.
- c.) Get help to assess situation.

II.) Is there an obvious irritant – smoke or fumes?

- a.) Move person from area, if not relieved get help.

III.) Could the person have inhaled an object into airway?

- a.) Help them cough object free.
- b.) Use Heimlich maneuvers if person collapses.
- c.) Get help to assess situation.

IV.) Is the person well or unwell?

- a.) Consider possible situations as in Acute Cough (Part II).

ACUTE COUGH

This is a cough that may be present for hours and possibly up to 3 weeks. It usually represents a response to an irritant. For our consumers with an acute cough you will need to use other clues to identify the cause and a way to manage the cough. The clues may be past patterns, changes from past patterns, associated problems (see below), and our gut reaction that a person is not feeling well. If in doubt, ask for help from your health care professional.

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THE HEIMLICH MANEUVER

As long as the person is able to breathe in and out, speak, cough forcefully, and is alert, the Heimlich maneuver is **not** necessary. Allow the person to continue coughing and trying to clear his or her airway. Proceed with doing the Heimlich maneuver if or when the person has great difficulty with breathing, is unable to speak, loses the ability to cough forcefully, or begins to lose consciousness or the skin becomes dusky or bluish.

1. Stand or sit behind the person choking.

2. Wrap your arms around the person's body.

3. Make a fist with one hand and place the thumb side of the fist against the person's abdomen--midline between the bottom tip of the sternum and the waist.

4. Cover your fist with your other hand.

5. Give several quick inward and upward thrusts.

Self-help:

The above technique can be used successfully. If a person is choking and alone, lean over a chair or railing as you act to help release obstruction.

The National ALS Association

ACUTE COUGH (continued)

Question:

I.) Is it possible that the person has inhaled dust, particles or an object?

- a.) If the cough is severe or the person is not getting rid of the particles or object, seek help.
- b.) Otherwise, move from the area of dust and observe. Sips of fluid may help, but if they make the problem worse seek help.

II.) Does the person have wheeze?

- a.) If the person is wheezing (noise on breathing out) or has tightness in the chest and they have asthma medicine, use it as directed. If it is not effective get help, particularly if the person is tired.
- b.) If this wheeze is new for this person, get help right away as there are other causes than asthma for wheeze, and they need to be checked.

III.) Is there sputum but no fever?

- a.) If the person has a runny nose, clear to slightly yellow mucus and no fever, the person most likely has a cough relating to a cold or allergy and a post nasal drip. Use cold or cough medicine. If a fever develops or the symptoms persist, ask for help to evaluate the problem.

IV.) Is there sputum and high or prolonged fever with or without difficulty in breathing or rapid breaths?

- a.) These are signals of a probable significant infection that needs attention. If there is any change of alertness, fast breathing or fever, with a cough we need to look for pneumonia and ask for health care advice. Occasionally, persons we care for may just have loss of appetite, quietness, and rapid breathing to signal that they have a respiratory infection. If in doubt, ask for advice.

Note:

A person with cough, fever, rapid breathing, and changes in activity needs attention.

Acute Cough (continued)

V.) Is there blood in the sputum?

- a.) This may be due to a nose bleed. If a nose bleed does not settle within 5 minutes while holding the nose firmly, get help.

VI.) Is there shortness of breath and coughing up of pink frothy sputum?

- a.) These can signal urgent problems and need to be checked out in the emergency room.

CHRONIC COUGH

This is a cough that has been around for 3 weeks or more. It usually means that there is a persistent irritant or that the person has some long acting condition associated with the coughing. Smoking is a common irritant, and it can cause chronic cough by provoking secretions and changes in the lungs.

Question:

I.) Is there yellow, tan or green mucus?

- a.) This may signal bronchitis or chronic bronchitis. Follow plan of treatment, if there is one.
- b.) If fever or rapid breathing is present, pneumonia may have developed. Seek medical attention immediately. The problem needs to be diagnosed, and a plan for short term and long term management developed. Use of over-the-counter medications may help the cough, but not cure the problem.

II.) Is there shortness of breath and wheezing?

- a.) Asthma may be the cause, and it needs a medical plan for management over-the-counter medications are not

Note:

Shortness of breath and cough needs attention.

CHRONIC COUGH (CONTINUED)

sufficient, and a physician's plan is needed. Follow it if there is one. Ask for help if the condition does not improve or the patient gets tired.

- b.) If wheezing is new and there is no plan in place, ask for medical advice.

III.) Does the person have a history of heart problems, and have swelling of the legs with or without shortness of breath?

- a.) Cough in a person with these problems may mean there has been fluid collecting in the lung from congestive heart failure.
- b.) If there is a plan for management, follow it. If the cough and shortness of breath is new or if there is pink frothy sputum, get help quickly.

IV.) Are there fevers at night?

- a.) If a person has marked fevers (and maybe sweats) at night and has a chronic cough, we need to consider possible infections, including tuberculosis. This needs to be checked by your health care staff.

V.) Is the person losing weight?

- a.) A person who is coughing and unintentionally losing weight may have serious problems and needs a medical evaluation to exclude TB and even lung cancer.

VI.) Has the person had recent swelling of the legs, pain in the chest or shortness of breath?

- a.) If a person who is coughing has these problems they need to be seen by medical staff right away, particularly if there is any bloody sputum.

Note:

Chronic conditions benefit from long term plans.

CHRONIC COUGH (CONTINUED)

- b.) Persons who have had recent surgery or who have become immobile can easily form clots in their legs, which can move, causing pulmonary embolism. If a person has leg changes, pain in the chest and cough, they need attention.
- c.) Where possible, this group of persons need to be managed to reduce the risk of leg vein clots. Ask for advice.

CONCLUSION

While this is a long and somewhat scary list, it can help us pay attention to those persons for whom a cough needs attention. Overall, they are in need of checking if they have a fever, fast breathing, cough with sputum (particularly if pink), pain in the chest or if they look tired or less active than usual. If in doubt ask for help. Remember, the little differences you notice in the people you care for are your clues, and your judgment matters.

Please remember that what we cough up may contain infectious bugs. Cover your mouth when coughing, and do not spit on the ground where the sputum may spread. Colds, flu, TB, all spread from droplets sneezed and coughed into the air and surroundings. It helps to wash your hands sensibly in times of illness.

Finally, tobacco smoke remains to be one of the most troublesome, avoidable problems that leads to cough. Please care for yourself and others by not smoking.

Notes are based largely on data from American Academy of Family Physicians, American College of Chest Physicians, CDC, and medical texts.

Note:

*Smoking
truly is
hazardous to
your
health (and
that of
others).*